

Ageing in a Plural Society

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SUMMARY

The differential position and involvement of the aged in each population group in the Republic of South Africa are illustrated on the basis of an analysis of the age structure of the population, sex ratios, life expectancy, degree and nature of urbanisation and industrialisation and family structure. It is concluded that the problems and needs of the aged in modernising plural societies differ for each population group, and that there thus exists a need for a flexible and non-dogmatic approach to the needs of the aged.

S. Afr. med. J., 50, 1110 (1976).

Blau has stated: 'How an individual deals with his own old age is very much conditioned by the social order that exists during his lifetime. The far-reaching and rapid changes of modern society have profoundly affected the position of old people and their ability to deal with their own problems. They face new problems, specifically social as distinct from physical or economic, and the solution of these problems requires new forms of social action.'

The thesis that the 'far-reaching and rapid changes of modern society have profoundly affected the position of old people and their ability to deal with their own problems' applies equally to developing societies, and in particular also to developing plural societies. It is the purpose of this paper to explore some of the complexities of such situations. In order to do so, some remarks concerning the nature and variety of plural societies need to be made.

NATURE OF PLURAL SOCIETIES

No clarity or agreement exists with regard to the exact meaning of the concept 'plural society'. M. G. Smith, a leading pluralist, recently stated that 'there does not now exist any agreed or systematic body of concepts and analytic propositions which could pass muster as a theory of pluralism or of the plural society.'² Nevertheless, in accordance with the usage of the term in the writings of most pluralists, a plural society is here considered to be a society which, at its inception, consists of a number of different population groups which have different ethnic and cultural backgrounds, all of which, however, are incorporated into a common polity. In most of these societies, one of these population groups tends to be dominant and to direct the nature and rate of modernisation. The nature and format of formal institutions in such societies tend to be developed in accordance with the ethnic and socio-

cultural heritage of such dominant groups, which tend, furthermore, to be concentrated in and around major urban and metropolitan areas.

These areas overwhelmingly serve also as the nuclei and growth points of development and modernisation, and this process almost universally tends to involve the large-scale urbanisation of increasing masses of the rest of the population. In this way, other racial or ethnic groups are increasingly involved in a social, economic and political system evolved in accordance with the socio-cultural heritage of the dominant population group.

In plural societies which have evolved from an earlier colonial situation which involved the formation of a settler element, the latter may well form the core of the dominant ethnic group after decolonisation. Even when this is not the case, the dominant ethnic group, though in itself of indigenous extraction, may well have been exposed to such a degree of acculturation by the colonial power that a formal societal system, quite different from the original traditional system of such a group, may have evolved.

Furthermore, such societies tend overwhelmingly to aspire towards modernisation in the sense in which Eisenstadt³ uses the term, i.e. as a process of change in the direction of the type of socio-economic and political systems which emerged in western Europe after the Middle Ages. Among many factors which have contributed to this tendency, the most important impetus today is probably population pressure caused by vastly increased natural population growth rates.

Because of high rates of increase in populations, a subsistence economy closely interwoven with other aspects of societal structure can no longer provide an adequate way of life for most of these populations. Economic growth through modernisation, and in particular through industrialisation, therefore tends to become not only a necessity, but a conscious goal. Virtually all such societies have therefore in recent times consciously adopted economic development programmes in which central governments play an overwhelming strategic role in the planning, initiation and implementation of these programmes.

The result is that such modernising plural societies tend to develop more and more structural aspects of social organisation characteristic of modern societies. Most prominent among these are a high degree of differentiation and specialisation with respect to individual activities and institutional structures.³ Associated with this is a radical change away from ascription as the basis of recruitment into these activities and institutions. These developments have major implications for the position of the aged in such societies, especially because in most traditional societies age and sex have served as most important ascriptive bases for the allocation of roles and status.

For the individual, the differentiation and specialisation of roles which are involved in the process of modernisation is the separation between different roles, in particular

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Paper presented at the 10th International Congress of Gerontology, held in Jerusalem, Israel, on 22-27 June 1975.

between occupational, familial, kinship and political roles. This involves role differentiation in the sense of activities involved, the location of such activities and the institutional structures in which such roles are embedded.

These processes of change usually do not occur evenly, and severe structural strains may very often result, giving rise to discontinuities and breakdowns.* In plural societies a further complication arises because different ethnic and racial groups in the population are very often differentially involved in this whole process.

SOUTH AFRICA AS A PLURAL SOCIETY

Population Structure

The case of the Republic of South Africa may be used to explicate the process of ageing and the problems of the aged under such circumstances. It is a plural society encompassing 4 major population groups with different ethnic and cultural backgrounds, but all incorporated in a common polity. One of these, of western European settler descent and heritage, is still the dominant group, and has successfully initiated a process of modernisation in accordance with the pattern set by the leading western modernised nation-states. The other 3 major population groups are each at a different stage in the process of modernisation, although considerable variation exists within each of the groups.

TABLE I. ESTIMATED POPULATION STRUCTURE OF RSA, 1975*

	Number	%
Black Africans	17 588 700	70,9
Whites	4 167 500	16,8
Coloureds	2 332 900	9,4
Asians	713 600	2,9
Total	24 802 700	100

* Source: Human Sciences Research Council, Research Findings, S-N-24, 1973.

None of these 4 major groups is in itself culturally completely homogeneous, but for the purposes of this paper, it will suffice to focus attention on differences between them. The Blacks are part of the Southern Bantu of the African continent, with a heritage of African tribal culture. They are as yet only partly involved in the urban-industrial modernised sector of the broader South African society and are therefore on the whole best categorised as a developing population. Approximately one-half of the total Black population as yet still reside in rural tribal homelands, overwhelmingly sustained by an agriculturally-based subsistence economy. Modernising nuclei are only now taking root as growth points around the industries which are being established in these areas. While some degree of westernisation has affected virtually all these people, their social patterns, lifestyle and value orientations are still strongly traditional and tribal. Their contact with and exposure to the dominant western culture of the broader South African society has always been and still is

overwhelmingly through the formal religious, educational and governmental institutions, rather than through informal interpersonal and associational processes of interaction. Those among them who do enter urban life as migrant workers in the modern sector of the economy, or whose homelands are in close proximity to urban areas are, of course, exposed to a higher degree of westernisation.

The rest of the Black population consists of those domiciled relatively permanently in the urban and industrial centres, and of farm workers who lead the life of a simple peasantry. Both have had a far greater degree of contact and association with the other population groups in the country and are therefore more westernised than the majority of those living in the tribal homelands.

In contrast to that of the tribal homelands, the structure of contemporary Black urban society is socio-economically and culturally complex. It is no longer a homogeneous traditional social unit, but shows varying degrees of modernisation. Increasing numbers of urban Blacks have become attuned to the market economy and value system that characterise the western urban industrial society in contrast to the subsistence economy of traditional Black society (cf. Mayer⁷).

The rest of the South African population consists of the dominant White group, referred to above, which constitutes approximately 16,8% of the total population, the Coloureds (9,4%) and the Asians (2,9%), who may best be described as minority groups *vis-à-vis* the Whites. In terms of generally accepted economic and demographic criteria the Whites may be regarded as an advanced and modernised people, eschewing all the characteristics of western industrial modernity. The Coloured people are a community of mixed ethnic descent, deriving from a biogenetic contact situation involving the remnants of nomadic Khoisan tribes, slaves from West Africa and the East Indies and Europeans over a period of more than 300 years since the beginning of the White settlement at the Cape in 1652. In religion, language and general way of life they have always been closely associated with the Whites, and their culture, value orientations and lifestyle are essentially western. On the whole, the Coloured people reflect the demographic characteristics of an agricultural and industrial working class in a modern western society.

The Asians form a minority of the total South African population (2,9%). This group is mainly of Indian origin, and owes its presence in South Africa primarily to the demand for farm labour on the sugar plantations in Natal during the previous century under British colonial rule. Commercial and industrial development in Natal, where the overwhelming majority of Asians (83% of the total) are still concentrated, have resulted in rapid urbanisation of this community, so that they today occupy a position very similar to that of the Coloureds in the Cape. They have, however, retained many sociocultural traits of Muslim and Hindu origin. This is still most marked with respect to family life and kinship.

The Aged and Population Structure

Turning now to the process of ageing and the position of the aged in this plural society, we may first approach

* For more details cf. Eisenstadt,³ Parsons^{4,5} and Lerner.⁶

the subject from a demographic point of view. In Table II data on the age structure of the different population groups are provided.

TABLE II. AGE STRUCTURE OF POPULATION GROUPS, RSA, 1970

	Age groups			
	<15 (%)	15-64 (%)	65+ (%)	Total (%)
Blacks	42,6	53,8	3,6	100
Whites	30,8	62,4	6,7	100
Coloureds	45,4	51,6	3,0	100
Asians	40,3	57,9	1,8	100

According to these figures, the aged form a much higher proportion of the White population (6,7%) than of any of the other population groups. The age structure of a population is of course primarily a function of birth rates and specific mortality rates, and thus that of the White population reflects a relatively low birth rate, a generally low death rate, and in particular a low infant mortality rate.

In contrast to this, the age structures of the Black and Coloured populations reflect a very high birth rate and a high infant mortality rate. In the case of the Asian population, a relatively high, but recently declining, birth rate combined with a recently declining infant mortality rate, is clearly reflected.

It is generally accepted that persons below the age of 15 and above the age of 65 may be viewed as economically dependent. When analysed in these terms, the data on age structure reveal firstly a much lower dependency ratio for the White population than for any of the other population groups, and secondly a clear difference in the nature of dependency between Whites and any of the other groups. In the case of Coloureds, Blacks and Asians, the ratio of child dependency is very high, and that of the aged relatively low.

In contrast to this pattern, Whites show a much lower child dependency ratio and a relatively high ratio for the aged. However, in view of their relatively advanced economic position, a fair proportion of the White aged are economically self-sufficient. This is reflected by the fact that in 1970 White recipients of old age pensions, for which a much higher means test is applied than for Coloureds or Asians, represented only 41,84% of all those above the age of 65, compared with 99,6% in the case of Coloureds and 88,4% in the case of Asians.*

Sex Ratio in Different Population Groups

It is a general demographic characteristic of modern societies that women live longer than men. The disparity in the sex ratio therefore tends to increase with age and tends to be greater for populations with a high life expectancy. Here, again, significant differences are to be

noted between the different population groups in South Africa.

TABLE III. SEX RATIOS FOR POPULATION GROUPS, RSA, 1970 — MALES PER 100 FEMALES

	Black	White	Coloured	Asian
At birth	99,0	105,2	100,7	103,5
Total population	96,6	99,2	96,8	99,4
Population 65+	74,7	70,6	83,7	108,1
Population 75+	65,6	59,7	70,4	109,7

The various sex ratios reported for Whites in Table III are in accordance with those for the populations of advanced western societies. While there is a preponderance of males at birth, an excess of females, which becomes more marked for higher age groups, is noticeable. In the age category of 75+ years, there were, in 1970, only 59,7 White males per 100 White females. This means that a high proportion of the White aged are females, with the status of widows or divorcees. Although similar trends are also noticeable for Blacks and Coloureds, they are less marked. It is significant that Blacks approximate the position with regard to Whites more closely than either Coloureds or Asians. Because, for a large sector of the Black population, the traditional tribal social structure with its emphasis on the extended family and broad kinship system still provides the social basis, the preponderance of aged females in the Black population takes on an entirely different significance from that of the preponderance of aged White females.

In the case of the Asian population the position at present differs significantly. Here we find a preponderance of aged males over females. This pattern is a function of two factors, viz. a sex-specific differential in immigration rates up to the late forties, and high rates of maternal mortality up till the mid-forties. An analysis of younger age cohorts indicates a change in this pattern, so that it may be expected that the present preponderance of aged males over females will be reversed within the next 2 decades. Yet this means that in the Asian community at present the aged and their problems and needs are entirely different from the aged in the White community.

Differences between sex ratios for different population groups may be a function of either sex-specific mortality rates or of sex-specific migration patterns. In the case of the different South African population groups the effect of sex-specific mortality rates is reflected by data pertaining to life expectancy.

TABLE IV. LIFE EXPECTANCY AT BIRTH, RSA 1970-75^a

	Males	Females
Blacks	52,05	59,39
Whites	65,08	72,96
Coloureds	50,54	57,22
Asians	60,32	64,91

The current life expectancy of Whites at birth closely approximates that of the populations of modern western countries, with that of males being 65,08 and that of

* Note that males of 65 and over and females of 60 and over qualify for pensions. However, breakdowns into age groups did not allow for this differential to be taken into consideration. The figures above serve, however, to demonstrate the point concerning relative economic self-sufficiency amongst the aged of different ethnic groups.

females 72,96 years. Over-all, Asian life expectancy comes nearest to that of Whites, although the longer life expectancy of females is not as pronounced for Asians as would be expected.

The demographic features discussed serve to illustrate that as yet considerable differences exist between the various population groups. At the same time, demographic patterns for all groups tend to approximate increasingly to those pertaining in advanced western societies. In this process the major demographic differences between the White western population group and the others will be diminished.

Urbanisation and Industrialisation

We may now turn to a discussion of the nature and pattern of involvement of the aged in each of the population groups. For this purpose, note should be taken of the family system and its relationship with other structural aspects of society. The Black population derives from a background of a traditional-type tribal social structure. Consanguinal bonds and the family play a very important role in the broad social organisation of such African societies, in which, under these circumstances, the aged take on an important role. Writing about the Pondo people of the Eastern Cape, Monica Hunter⁹ states:

'Conservative tendencies in Bantu society are strong. Power is in the hands of the elders, and piety demands that there should be no departure from the ways of the ancestors, who by reason of their age must know better than their children' (p. 9)

and again, that

'The ancestor cult is a sanction for the respect for seniors upon which the social and political system is based . . . At a ritual killing, children see a beast, a thing of great value, slaughtered, and know that it is done that good relations with the *amathongo* may be maintained. Thus the power and importance of seniors is brought home to them. The ritual reaffirms the belief of all in the existence and power of ancestors.' (p. 266)

The position of the aged in such societies is therefore one of relative security; they perform a meaningful role in social and cultural life.

Urbanisation and industrialisation bring dramatic changes in this situation. Contact with western culture leads to a weakening of the role of consanguinal bonds and to the adoption of values and attitudes which differ significantly from those associated with traditional tribal life. Family life in accordance with the traditional system is weakened, in fact to a large degree disrupted, and changes towards the nuclear type of western family emerge. Research undertaken in urban areas in South Africa indicates that multigenerational families and families in which a woman is at the head are very common. Reviewing available empirical evidence on urban Black family life in South Africa, Steyn and Ripp¹⁰ conclude that

' . . . the multigeneration type is considerably bigger than other types of families. . . . The data . . . also indicate that a large percentage . . . have a woman at the head. This, seen together with changes in the relative positions of authority of the husband and wife respec-

tively and also in view of the fact that illegitimate children form part of the family structure of the wife, is an indication that the urbanised Bantu (Black) family is moving in the direction of a matrifocal family type.'

Under such circumstances drastic changes occur with regard to the position of the aged. Age and sex as bases of status are being replaced by individual achievement, and the aged are becoming increasingly socially and economically insecure. Furthermore, with urbanisation and industrialisation, a phenomenon of fairly recent origin for the Black population, a significant proportion of the aged in urban areas are in themselves urban migrants, still partly at least involved in the tribal social structure of the rural homelands. An increasing proportion of them are, however, second and third generation urbanites who have hardly any tribal contact, but who are often not yet involved in a stable urban social structure.

In the case of the White population, a social structure typical of modern western societies prevails. This encompasses a typical nuclear family system, a high degree of structural differentiation between the family system and the economy and the polity, combined with achievement rather than ascription as a basis for the allocation of role and status. Under these circumstances, ageing involves, for a growing proportion of the aged group, increasing exclusion from family life. Since ageing furthermore tends to coincide with a high incidence of death of spouses, and with retirement from work, social and psychological isolation from association with others tends to become fairly common. Furthermore, the extension of life expectancy increases the extent of physical and mental infirmity among the aged.

Thus, the problems and needs of the aged in the White population tend to centre increasingly on finding alternatives to replace the functions performed by the family system in this regard. There is a need to re-establish meaningful social relationships on grounds other than those of consanguinity, and to be cared for physically on a formal institutional basis. In South Africa the answer to these problems is currently sought through the provision of pensions and the extension of institutional care for aged Whites.

In the case of the Coloured minority, family life is much less stable. While middle- and upper-class Coloureds maintain a family system more or less identical with that of Whites described above, the lower working classes in this group, which constitute the vast majority of this population group, differ significantly. A high incidence of matrifocal or mother-dominant families is found, and incomplete families consisting of mother and dependent children are fairly common. Especially in urban areas, one furthermore finds a high rate of economic activity among adult females. Multigenerational families are therefore fairly common, and aged persons are overwhelmingly accommodated within the households of relatives, mostly those of one of their own children. The receipt of old age pensions by such a large section of this population under such circumstances serves the added function of providing a minimal degree of economic security in the otherwise relatively insecure circumstances of lower working class people.

In these circumstances, the aged are therefore closely

involved in the affairs of the household — very often with a large degree of responsibility for the supervising of day-to-day household chores even if they are not actually responsible for them. During the day, the aged are often the sole adults present in the home with pre-school children. To a large degree, the care of and primary socialisation of young children are the responsibility of the aged. Conversely, the needs of the aged, especially of those who are physically and mentally infirm, are often tended to by young children with the assistance of neighbours.

Space does not allow for an analysis of the position of the aged in the small Asian minority. Suffice it to say that this population group has apparently been more successful in retaining many characteristics of the extended kinship and family system of traditional Hindu and Muslim society under circumstances of urbanisation and modernisation than has the Black population. The position of the aged therefore appears at present to be still more socially and culturally secure.

CONCLUSIONS

The preceding description serves to illustrate the complexity of the problem of ageing in a plural modernising society. Unlike the position in advanced societies, no single dominant pattern can be isolated. It follows that the problems and the needs of the aged in each of the different population groups in such complex societies will differ.

A further complication may arise from the fact that in such plural modernising societies the behaviour patterns in institutional structures of the dominant population group often serve as the models in terms of which approaches to the problems of caring for the aged are made. Solutions to the problem therefore tend to be sought in terms of the needs of the aged in the advanced or dominant group in the society. At the same time, the need for democratisation and equalisation often leads to a situation in which any attempt to devise differential approaches to the needs of the aged from different groups can be viewed as an attempt to maintain or extend differentiation and/or discrimination. Such approaches are therefore often rejected on ideological grounds.

I have indicated that plural societies are characterised

by the fact that population groups of different ethnic extractions are incorporated into a common polity. In the modern world it has been generally accepted that the polity, and specifically the public sector as incorporated through the various local and central governmental institutions, should shoulder an increasing responsibility for catering for the needs of the aged. Because, in plural societies one of the different ethnic groups, as indicated, usually tends to be dominant, it is to be expected that such groups will tend to set the pattern for and nature of public provision of the aged in accordance with the place of the aged in their own population group.

In such societies, there is clearly a need for a flexible and non-dogmatic approach to the needs of the aged. The social sciences in the advanced nation-state societies, with a comparative homogeneity, have tended to concentrate on the problems of the aged in terms of the perspectives derived from the study of such nation-state societies. The preceding explication is presented in order to show that such perspectives may not necessarily suffice when the problem of ageing in plural societies undergoing processes of rapid modernising change is approached. Theoretical perspectives will have to be extended significantly, and a real need for far more empirical research on the situation in such societies is clearly required. This is particularly needed to form a basis for the development of public programmes of care for the aged in such societies.

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